

| 2017 Medicare Advantage Plans | Summary of Benefits Table (Iberville Parish) | | |
|--|--|--|---|
| | Aetna Medicare Connect Plus | Advantra | Humana Gold Plus |
| Contract ID/Plan ID | H5521-136 | H3928-001 | H1951-030 |
| Organization Name | Aetna Medicare | Coventry Health Care | Humana Health Benefit Plan of LA |
| Type of Medicare Plan | Local PPO | Local HMO | Local HMO |
| Monthly Consolidated Premium (includes part C & D) | \$125 | \$0 | \$0 |
| Health Plan Deductible | \$500 annual deductible | \$0 | \$0 |
| PCP Co-pay | \$5/ 20% | \$5 | \$5 |
| Specialist Co-pay | \$25/ 20% | \$30 | \$5- \$50 |
| ER | \$75 per visit (always covered) | \$75 per visit (always covered) | \$75 per visit (always covered) |
| Ambulance | \$100 | \$250 | \$265 or 20% |
| Skilled nursing | \$0 for days 1 through 20 \$164 for days 21 through 100 | \$0 for days 1 through 20 \$125 for days 21 through 100 | \$0 for days 1 through 20 \$164.50 for days 21 through 100 |
| Inpatient Hospital | \$300 for days 1 through 6 \$0 for days 7 through 90 | \$140 for days 1 through 6 \$0 for days 7 through 90 | \$110 for days 1 through 10 \$0 for days 11 through 90 \$0 for days 91 and beyond |
| Annual Drug Deductible | \$400 | \$95 | Drugs not covered |
| Additional Coverage Offered in the Gap | \$2- \$20 and/or 40%- 51% | \$2- \$20 and/or 40%- 51% | Drugs not covered |
| Chemo Drugs | 20% | 20% | 15%- 20% |
| Out-of-Pocket Maximum | \$5,900/ \$10,000 | \$6,700 | \$6,700 |

| Summary of Benefits Table (Iberville Parish) | | | |
|---|---|---|---|
| Medicare Advantage Plans | Humana Gold Plus | Humana Total Care Advantage | HumanaChoice |
| Contract ID/Plan ID | H1951-048 | H1951-039 | R5826-011 |
| Organization Name | Humana Health Benefit Plan of LA | Humana Health Benefit Plan of LA | Humana Insurance Company |
| Type of Medicare Plan | Local HMO | Local HMO | Regional PPO |
| Monthly Consolidated Premium (includes part C & D) | \$36 | \$0 | \$77 |
| Health Plan Deductible | \$0 | \$0 | \$1,000 annual deductible |
| PCP Co-pay | \$10 | \$0 | \$15 |
| Specialist Co-pay | \$10- \$50 | \$0- \$45 | \$15- \$50 |
| ER | \$75 per visit (always covered) | \$75 per visit (always covered) | \$75 per visit (always covered) |
| Ambulance | \$265 or 20% | \$265 or 20% | \$265 or 20% |
| Skilled nursing | \$0 for days 1 through 20 \$164.50 for days 21 through 100 | \$0 for days 1 through 20 \$164.50 for days 21 through 100 | \$0 for days 1 through 20 \$164.50 for days 21 through 100 |
| Inpatient Hospital | \$150 for days 1 through 10 \$0 for days 11 through 90 \$0 for days 91 and beyond | \$145 for days 1 through 10 \$0 for days 11 through 90 \$0 for days 91 and beyond | \$275 for days 1 through 7 \$0 for days 8 through 90 \$0 for days 91 and beyond |
| Annual Drug Deductible | \$400 | \$350 | \$400 |
| Additional Coverage Offered in the Gap | \$7- \$100 and/or 25%- 51% | \$5- \$100 and/or 26%- 51% | \$6- \$100 and/or 25%- 51% |
| Chemo Drugs | 20% | 20% | 20%/ 19%- 25% |
| Out-of-Pocket Maximum | \$6,700 | \$6,700 | \$6,700/ \$10,000 |

| Summary of Benefits Table (Iberville Parish) | | | | |
|--|---|---|--|--------------------------------|
| Medicare Advantage Plans | HumanaChoice | HumanaChoice | Peoples Health Choices 65 #14 | AAA4 Vantage Traditional Plus |
| Contract ID/Plan ID | R5826-068 | R5826-078 | H1961-014 | H5576-008 |
| Organization Name | Humana Insurance Company | Humana Insurance Company | Peoples Health | Vantage Health Plan |
| Type of Medicare Plan | Regional PPO | Regional PPO | Local HMO | Local HMO |
| Monthly Consolidated Premium (includes part C & D) | \$0 | \$47 | \$0 | \$32.80 |
| Health Plan Deductible | \$1,000 annual deductible | \$1,000 annual deductible | \$0 | |
| PCP Co-pay | \$10/ \$35 | \$15/30% | \$5 | \$10 0%- 20% |
| Specialist Co-pay | \$10- \$35/ \$50 | \$25- \$50/ 30% | \$45 | 20% |
| ER | \$75 per visit (always covered) | \$75 per visit (always covered) | \$75 per visit (always covered) | 20% per visit (always covered) |
| Ambulance | \$265 or 20% | \$265 or 20% | \$220 | 20% |
| Skilled nursing | \$0 for days 1 through 20 \$164.50 for days 21 through 100 | \$0 for days 1 through 20 \$164.50 for days 21 through 100 | \$0 for days 1 through 20 \$155 for days 21 through 100 | |
| Inpatient Hospital | \$195 for days 1 through 6 \$0 for days 7 through 90 \$0 for days 91 and beyond | \$275 for days 1 through 7 \$0 for days 8 through 90 \$0 for days 91 and beyond | \$85 for days 1 through 10 \$0 for days 11 through 90 | |
| Annual Drug Deductible | Drugs not covered | \$400 | \$0 | \$400 |
| Additional Coverage Offered in the Gap | Drugs not covered | 40%- 51% | \$0- \$15 and/or 40%- 51% | |
| Chemo Drugs | 20%/ 30% | 20%/ 30% | 15% | 20% |
| Out-of-Pocket Maximum | \$6,700/ \$10,000 | \$6,700/ \$10,000 | \$6,700 | \$6,700 |

| Summary of Benefits Table (Iberville Parish) | | |
|--|--|---|
| Medicare Advantage Plans | AAA9 Vantage Capitol | WellCare Value |
| Contract ID/Plan ID | H5576-021 | H2491-007 |
| Organization Name | Vantage Health Plan | WellCare Health Plan |
| Type of Medicare Plan | Local HMO | Local HMO |
| Monthly Consolidated Premium (includes part C & D) | \$0 | \$0 |
| Health Plan Deductible | \$350 Out-of-network | \$0 |
| PCP Co-pay | \$25 or 0-20% | \$5 |
| Specialist Co-pay | \$50 or 0-20% | \$35 |
| ER | \$75 per visit (always covered) | \$75 per visit (always covered) |
| Ambulance | \$250 | \$250 |
| Skilled nursing | \$0 for days 1 through 20 \$164 for days 21 through 100 | \$0 for days 1 through 20 \$164.50 for days 21 through 100 |
| Inpatient Hospital | \$335 for days 1 through 5 \$0 for days 6 through 90 | \$250 for days 1 through 7 \$0 for days 8 through 90 |
| Annual Drug Deductible | \$350 | \$0 |
| Additional Coverage Offered in the Gap | 40%- 51% | 40%- 51% |
| Chemo Drugs | 20% | 20% |
| Out-of-Pocket Maximum | \$6,700 | \$6,700 |